

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 06/07/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 06/08/2004						
		FINANCIAL PAYER: WCDMH						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	BOSS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	11	351	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	331	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	709	735	26
		8800	26	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404902	BLUE RIDGE COMM UNITY	8599	1581	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	761	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	609	3808	5796	1988
		21	501	DUPLICATE OF CLAIM-SYSTEM				
3404904	WESTERN HIGHLAN DS LME	8599	591	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	497	CLIENT NOT ELIGIBLE ON SERVICE DATE	182	1503	2750	1247
		8931	113	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404905	TREND COMM MENT AL HLTH CTR	8599	1589	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	1149	DUPLICATE OF CLAIM-SYSTEM	26	3352	6102	2750
		143	163	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404907	RUTHERFORD-POLK	21	1323	DUPLICATE OF CLAIM-SYSTEM				
		8599	856	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	88	2393	2870	477
		191	91	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404910	PATHWAYS	8505	111	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	69	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	250	632	382
		8621	24	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8931	163	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		11	144	CLIENT NOT ELIGIBLE ON SERVICE DATE	252	628	7432	6804
		8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404913	MECKLENBURG COMM ENTAL HEALTH	8935	7994	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8505	3745	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	13755	22778	28763	5985
		8933	3323	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIOAL HEALTH	8000	306	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		11	99	CLIENT NOT ELIGIBLE ON SERVICE DATE	16	674	5547	4873
		8599	79	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	21	15035	DUPLICATE OF CLAIM-SYSTEM				
		8505	14968	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1731	35404	39468	4064
		8599	1406	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M ENTAL HEALTH	8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	129	CLIENT NOT ELIGIBLE ON SERVICE DATE	55	435	2219	1784
		8505	93	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	2008	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	361	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	238	3342	7002	3660
		8800	320	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	5208	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	667	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	17	6685	12136	5451
		21	370	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	21	2310	DUPLICATE OF CLAIM-SYSTEM				
		8505	2192	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	23	5837	15460	9623
		8800	592	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	VGFW AREA AUTHO RITY	8505	781	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	245	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	11	1234	2718	1484
		11	75	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404924	PIEDMONT AREA M H/DD/SAS	8326	1	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		0	0		0	1	1	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	2578	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	431	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	99	3539	4473	934
		8599	228	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	19705	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	7546	DUPLICATE OF CLAIM-SYSTEM	4048	37203	50401	13198
		8599	2722	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	1097	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	107	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	16	1410	3306	1896
		8599	58	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/ DD/SAS	21	759	DUPLICATE OF CLAIM-SYSTEM				
		8505	222	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	8	1421	6900	5479
		8599	212	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	159	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	51	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	211	285	4001	3716
		8936	20	CSTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404931	WAKE CO HUM SVC BILLING OF	11	820	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	239	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	133	1570	4664	3094
		21	162	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI LLS CO MH C	8505	891	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8526	574	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO	65	2182	2932	750
		8800	256	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	2786	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	207	CLIENT NOT ELIGIBLE ON SERVICE DATE	48	3464	3961	497
		8599	163	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow COUNTY B BEHAVIORAL H	8599	111	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	72	CLIENT NOT ELIGIBLE ON SERVICE DATE	7	398	2148	1750
		24	68	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8621	53	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8000	25	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	37	168	6668	6500
		8931	20	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	21	592	DUPLICATE OF CLAIM-SYSTEM				
		8599	375	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	156	1374	13048	11674
		5308	135	PRIOR AUTHORIZED UNITS EXCEEDE D				
3404938	RIVERSTONE MENT AL HEALTH C	21	821	DUPLICATE OF CLAIM-SYSTEM				
		8931	256	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	305	1430	4906	3476
		191	136	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

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3404939	NEUSE MENTAL HE ALTH CENTER	8505	359	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	169	DUPLICATE OF CLAIM-SYSTEM	0	875	2396	1521
		8599	151	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	8599	368	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	222	DUPLICATE OF CLAIM-SYSTEM	152	1367	6482	5115
		191	192	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	180	DUPLICATE OF CLAIM-SYSTEM				
		10	57	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	6	433	1613	1180
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	621	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	56	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	72	966	2129	1163
		8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	8505	2424	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1279	DUPLICATE OF CLAIM-SYSTEM	198	5192	8910	3718
		5404	716	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	918	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	106	DUPLICATE OF CLAIM-SYSTEM	30	1229	6833	5604
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL HEALTH CTR	21	675	DUPLICATE OF CLAIM-SYSTEM				
		8505	527	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	119	1513	3969	2456
		8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM H/DD/SA FRO	8505	1503	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	787	DUPLICATE OF CLAIM-SYSTEM	73	3214	10404	7190
		8800	466	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				